

**Accreditation Statement:**

The American College of Foot and Ankle Surgeons is approved by the Council on Podiatric Medical Education as a sponsor of continuing education in podiatric medicine.

**Designation Statement:**

The American College of Foot and Ankle Surgeons designates these educational activities for CPME Continuing Education Contact Hours. Physicians should only claim credit commensurate with the extent of their participation in the activity.

**Learning Objectives:**

At the conclusion of this activity, the participant will be able to:

1. Review etiology of diabetic foot post ulceration.
2. The role of neuropathy in healing.
3. Identify important pearls and pitfalls gleaned from case based discussions.
4. Understand limb salvage vs functional limb preservation

**Instructions**

1. Watch the online video presentations.
2. Fill in your contact information on the CE Test.
3. Complete the CE Test.
4. Complete the Evaluation form.
5. E-Mail (must have Microsoft Outlook) your CE Test and Evaluation form to:  
[eLearning@acfas.org](mailto:eLearning@acfas.org)

OR

Mail your CE Test and Evaluation form to  
[American College of Foot & Ankle Surgeons](#)  
Education Department  
8725 W. Higgins Road, Suite 555  
Chicago, IL 60631-2724

6. Please allow 6 - 8 weeks to receive your CE confirmation.

\* Please note: the minimum passing score is 70%.

## Questions

1. Which of the following does *not* contribute to skin breakdown?
  - a. Sensory neuropathy
  - b. High plantar pressures
  - c. Limited joint mobility
  - d. Sweaty skin
  - e. Limited ankle joint dorsiflexion
  
2. Which statement is correct regarding equinus?
  - a. 100% of the population has measurable equinus
  - b. There is a direct and consistent relationship between equinus and foot pathology
  - c. There is a relationship between peak plantar pressures and equinus
  - d. You can consistently predict foot ulcerations and peak plantar pressures
  - e. There is a clear “at-risk” peak plantar pressure that results in ulceration
  
3. Treatment of equinus can involve treating which of the following zones?
  - a. 4
  - b. 3
  - c. 2
  - d. 1
  - e. All of the above
  
4. According to a case series reported by Roukis and Schweinberger, complications following uniportal endoscopic gastrocnemius recession (EGR) include all of the following *except*:
  - a. Convert to open
  - b. Wound healing issues
  - c. Undercorrection
  - d. Drop foot
  
5. Which of the following is *not* a risk of Achilles tendon lengthening?
  - a. Overcorrection
  - b. Heel ulceration
  - c. Calcaneus gait
  - d. Tendon rupture
  - e. Non-union

- 6. What is the purpose of the flexor hallucis longus transfer for the non-functional Achilles tendon?**
- To restore plantarflexion at the ankle
  - To provide a rigid 1st metatarsophalangeal joint for effective toe-off
  - To provide a vascular bed for the Achilles tendon
  - Both a and b
  - Both a and c
- 7. Which of the following is important when addressing a Charcot foot?**
- Emphasizing medical as well as surgical treatment
  - Considering amputation in selected patients
  - Shortening the lever arm of a rigid, reconstructed foot
  - Discussing the possibility of initiating uncontrolled inflammatory process
  - All of the above
- 8. At which location does the peroneus brevis tendon have the best mechanical advantage when transferred?**
- Cuboid
  - Lateral wall of the calcaneus
  - Lateral cuneiform
  - 4th metatarsal base
  - Lateral malleolus
- 9. Heel ulcerations can often be caused by:**
- An overlengthened Achilles tendon
  - Equinus
  - Flexor substitution
  - Contracted toes
  - Plantarflexed metatarsals
- 10. Surgical management of a heel ulcer can be accomplished by which of the following?**
- Tendo Achilles lengthening
  - Flexor hallucis longus release
  - Tibialis anterior lengthening
  - Partial calcaneotomy
  - Transmetatarsal amputation



## Questions (Cont'd.)

**11. Which of the following are indications for a transmetatarsal amputation?**

- a. Failed partial first ray amputation
- b. Recurrent dislocation of the second metatarsal phalangeal joint
- c. Abnormal parabola
- d. Severe infection of the forefoot
- e. All the above

**12. Which of the following can impact healing rates of a transmetatarsal amputation?**

- a. Limited perfusion/circulation
- b. Chronic and recurrent infection
- c. Elevated hemoglobin A1c and poor nutritional values
- d. Early ambulation
- e. All the above

**13. Ancillary procedures for closure of a transmetatarsal amputation include all the following *except*:**

- a. Tendo Achilles lengthening
- b. Extensor to flexor tendon transfer
- c. Skin graft
- d. Bioengineered alternative tissues
- e. All the above

## CE Test

Please type your information.

ACFAS ID #			
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Address 2:			
City:			
State:		Zip Code:	
Daytime Phone:			
E-mail:			
Signature:			

Please select your answer.

Question	Answers				
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## Evaluation

1. The course achieved its learning objectives.

strongly disagree     disagree     neutral     agree     strongly agree

2. The course was relevant to my clinical learning needs.

strongly disagree     disagree     neutral     agree     strongly agree

3. The course was relevant to my personal learning needs.

strongly disagree     disagree     neutral     agree     strongly agree

4. The electronic method of instruction was conducive to learning.

strongly disagree     disagree     neutral     agree     strongly agree

5. The course validated my current practice.

strongly disagree     disagree     neutral     agree     strongly agree

6. I plan to change my practice based on what I learned in the course.

strongly disagree     disagree     neutral     agree     strongly agree

7. Any suggestions for the ACFAS e-Learning program?

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